

HAZARD CONTROL PLAN AND WORK AUTHORIZATION Page 1 of ____

This form is from ESH-17-035

1. Describe the work to be performed (use continuation page if needed) or give procedure number, revision number, and title.

HCP-ESH-17-306, R1

Title: Documenting Open Burns

2. Describe potential hazards associated with the work (use continuation page if needed).

Animal encounters (snakes, mountain lions, etc.)

Weather (cold, lightning, etc.)

Trips and falls.

High Explosives testing (TA-15, TA-16, TA-49)

3. For each hazard, list the likelihood and severity, and the resulting initial risk level (before any work controls are applied, as determined according to LIR300-00-01.0, section 7.2)

Animal encounters -- critical / remote = minimal.

Weather -- catastrophic / remote = low.

Falls -- critical/improbable = low

Tripping -- moderate/ occasional = low.

Entry into High Explosives testing Areas -- Critical/Remote = Minimal (existing controls are stringent and not easily bypassed)

Overall *initial* risk: ☐ Minimal ☒ Low ☐ Medium ☐ High

4. Applicable Laboratory, facility, or activity operational requirements directly related to the work:

☒ None ☐ List:Work Permits required? ☒ No ☐ List:

5. Describe how the hazards listed above will be mitigated (e.g., safety equipment, administrative controls, etc.):

Animal encounters -- Employee Orientation includes training and awareness of animal hazards.

Weather -- Employee Orientation includes training and awareness of weather hazards.

Trips and falls -the new Employee Orientation includes training and awareness of tripping and falls.

Entry into High Explosives testing areas (existing controls are stringent and not easily bypassed) -- existing facility access controls include site specific training, sign-in/sign-out , and scheduling procedures.

Entry into posted Radiation/Controlled areas -- (TA-15 controls are stringent and not easily bypassed.)

TA-11, TA-16, and TA-36 require entry through manned access control gates; self monitoring required before leaving areas.

HAZARD CONTROL PLAN AND WORK AUTHORIZATION

Page 2 of ____

This form is from ESH-17-035

6. Knowledge, skills, abilities, and training necessary to safely perform this work (check one or both):



Group-level orientation (per ESH-17-032) and training to applicable procedure.



Other → Describe:

Appropriate site-specific training, if needed for specific site visited.

CPR/First Aid training

7. Any wastes and/or residual materials? (check one) ☒ None ☐ List:8. Considering the administrative and engineering controls to be used, the *residual* risk level (as determined according to LIR300-00-01.0, section 7.3.3) is (check one):

Minimal



Low



Medium (requires approval by Division Director)

9. Emergency actions to take in event of control failures or abnormal operation (check one):



None



List:

After this form is approved, perform the work safely. Identify opportunities for improvements in safety and report these to the safety officer or group leader.

Preparer(s) signature(s)

Name(s) (print)

/Position

Date

[NOTE: Training to a procedure constitutes authorization.] **If this work is NOT described by a procedure:** I have reviewed the safety of this proposed work with the group safety officer and I commit to follow safe practices when performing this work.

Employee signature

Name (print)

Date

Additional employee signature (optional)

Name (print)

Date

Additional employee signature (optional)

Name (print)

Date

Group leader or safety officer review.

I have reviewed the proposed work with 1) the preparer(s) and 2) employees who will perform the work (if not described in a procedure) and I believe the hazards and safety concerns have been adequately addressed. The work as described above is hereby authorized. This authorization expires one year after the date below.

Group leader or safety officer signature

Name (print)

Date

This plan will be revised according to ESH-17-035. Group leader or safety officer: After completion, submit to ESH-17 Records Coord.

HAZARD CONTROL PLAN AND WORK AUTHORIZATION Page 3 of ____

This form is from ESH-17-035

Hazard Control Plan continuation page. Give item number being continued.